

NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM



State of Nebraska  
Nebraska Health and Human Services System  
Developmental Disabilities System

## **THREE-YEAR STATE PLAN**

**June 2007**

# INDEX

|               |  |    |
|---------------|--|----|
| 1.            | Executive Summary.....   | 1  |
| 2.            | Overview of Mental Retardation / Developmental Disabilities<br>Services in Nebraska..... | 4  |
| 3.            | State Plan Goals.....  | 8  |
| 4.            | Evaluation Methods and Tools.....  | 16 |
| Attachment 1: | Purpose & Methodology.....   | 18 |
| Attachment 2: | Acknowledgements.....  | 19 |
| Attachment 3: | Stakeholder Feedback.....  | 20 |

## **1. EXECUTIVE SUMMARY**

The Nebraska Health and Human Services Developmental Disabilities System (DDS) contracted with Public Consulting Group, Inc. (PCG) to assist with the development of a statewide plan for DDS. The State Plan was developed to assist DDS and the State of Nebraska to set the future direction for publicly-funded services and supports for individuals with developmental disabilities.

This DDS Three-Year Statewide Plan was formed on a foundation of stakeholder input. The process began with the review of other recent plans, which included but was not limited to the Nebraska Developmental Disability Council Needs Assessment, Nebraska Advocacy Services, Inc. Strategic Plan, and the strategic plan for Beatrice State Developmental Center. These documents were reviewed to ensure that needs identified by other organizations were considered in the DDS planning process. National trends and best practices were also reviewed to ensure that DDS took into account successful strategies being pursued in other states and other agencies.

The next phase of data collection involved direct input from stakeholders across the state. The first meetings conducted to collect input were held with the DDS Advisory Committee and the Guiding Coalition (advocates, providers and interested parties). In April 2006, discussions with stakeholders, including individuals with developmental disabilities, families, guardians, advocates and providers, were facilitated through statewide public forums to gather information and perspectives regarding the current DDS continuum of care and their expectations for the future of DDS. Three forums were held in each of the following six locations: Scottsbluff / Gering, North Platte, Grand Island, Lincoln, Norfolk, and Omaha. Additional feedback was obtained via mail and email to accommodate stakeholders who could not attend the public forums.

The public forum sessions provided a wealth of information on current programs and services, and areas that require enhancement and expansion within the system. Analysis of these dialogues revealed that stakeholder input fell into five discernable themes—Services, Training, Communication, Funding, and Access—and three target areas: (I) high quality service delivery; (II) access to services; and (III) community integration. The five themes and three target areas formed the basis of the plan.

In addition to the new goals and objectives developed following the meetings and public forums, the Developmental Disabilities System will continue to work on numerous on-going responsibilities, such as: the implementation of the Developmental Disabilities Services Act; maintenance of the five Medicaid Home and Community-Based Waivers; contract compliance; and implementation of the new regulations.

The following goals have been identified for implementation during the years 2007 through 2010. These goals cover the three target areas of: (I) high quality service delivery; (II) access to services; and (III) community integration, and are not necessarily listed in order of importance.

| TARGET AREA | GOAL # | GOAL  | OBJECTIVES  |
|-------------|--------|---|---|
| I           | A-1    | Promote high quality of service delivery in community-based services  | <ul style="list-style-type: none"> <li>Continue to work with Service Areas, Long Term Care Administrators, and Service Coordination to enhance and improve training.</li> <li>Continue to work with Service Coordination to develop statewide quality improvement plan.</li> <li>Monitor provider quality assurance activities.</li> <li>Share and make use of all monitoring and quality assessment information.</li> <li>Work with providers to develop a uniform information packet for intake.</li> <li>Review role of service coordinators for planning in all transitional services; identify a consistent and effective role and communicate to stakeholders.</li> </ul> |
| I           | A-2    | Promote a high quality of service delivery at BSDC.   | <ul style="list-style-type: none"> <li>Increase quality assurance at BSDC and maintain federal certification.</li> <li>Ensure individuals know &amp; can exercise their complaint/grievance rights.</li> <li>Ensure a well-trained, qualified cadre of staff at all levels.</li> <li>Collaborate with NE Advocacy Services to ensure individuals' rights.</li> <li>Assure community-based dd access to clinical expertise of BSDC.</li> <li>Continue to be a source of information and support to the system.</li> <li>Continue and expand transition efforts.</li> </ul>   |
| I           | A-3    | Improve access to behavioral health services for individuals receiving developmental disabilities services. | <ul style="list-style-type: none"> <li>Meet with HHS-Behavioral Health staff to share information, enhance coordination of efforts and investigate joint ventures.</li> <li>Improve effectiveness and efficiency of outreach and short-term intensive treatment services.</li> </ul>  |
| II, III     | A-4    | Improve transition from Special Education to adult services.  | <ul style="list-style-type: none"> <li>Continue participation with Dept of Ed Transition Advisory Committee.</li> <li>Stress importance of Service Coordinators attending IEP meetings, providing information to students, and assisting with transition.</li> <li>Continue participation with Voc Rehab in the Transition Pilot Program.</li> <li>Promote the distribution of information related to transition.</li> </ul>  |
| I, II, III  | A-5    | Enhance options available for older individuals receiving developmental disabilities services.              | <ul style="list-style-type: none"> <li>Work with providers and Service Coordinators to review cost-neutral strategies focused on needs of the elderly.</li> <li>Planning to make use of existing or develop alternative services and supports for the elderly.</li> </ul>   |
| III         | A-6    | Improve employment outcomes for individuals in DD services.   | <ul style="list-style-type: none"> <li>Monitor supported employment rate &amp; impact of changes.</li> <li>Monitor results from NASDDDS employment project and share results in efforts to aid improvement of employment outcomes for individuals in DD services.</li> </ul>  |
| I, II, III  | A-7    | Review and potentially revise the IPP.  | <ul style="list-style-type: none"> <li>Work with DD Advisory Committee to review current IPP and improve its effectiveness, efficiency and outcomes.</li> <li>Review recommendations/new directions with additional stakeholders.</li> <li>Make use of information from reviewing IPPs and monitoring implementation of IPP.</li> </ul>   |

| TARGET AREA | GOAL # | GOAL   | OBJECTIVES  |
|-------------|--------|--|---|
| I           | B-1    | Provide technical assistance to DD service providers.              | <ul style="list-style-type: none"> <li>Assess results of Service Coordination monitoring, Quality of Life surveys, quality review team reports, Critical Incident reporting and IPP reviews to determine areas of need.</li> <li>Explore collaborative efforts with other agencies.</li> <li>Assist Service Coordinators and DD providers to gather materials, access existing training resources, and as needed, develop training materials re: target populations.</li> <li>Develop orientation for new providers.</li> </ul> |
| I, II       | C-1    | Improve access to information about services.                      | <ul style="list-style-type: none"> <li>Explore possibilities to upgrade and improve website.</li> <li>Continue to develop and publish the Provider Profile.</li> </ul>  |
| II, III     | D-1    | Expand individual budgeting and self-direction.                    | <ul style="list-style-type: none"> <li>Implement the Community Supports Program on a statewide basis, which incorporates individual budgeting and self-direction into services and supports.</li> </ul>   |
| II          | D-2    | Fully implement the Objective Assessment Process.                  | <ul style="list-style-type: none"> <li>Fully implement OAP funding, using guidelines outlined in the report to the Legislature dated December 2004.</li> </ul>  |
| II          | D-3    | Continue to efficiently use all funding available for DD services. | <ul style="list-style-type: none"> <li>Maximize federal dollars</li> <li>Monitor that funds are spent appropriately.</li> <li>Maintain federal approval of the home and community-based waivers</li> </ul>  |
| II          | E-1    | Address geographic / location issues to improve access.            | <ul style="list-style-type: none"> <li>Give priority and encouragement to providers to locate in rural and/or underserved areas.</li> <li>Promote expansion of Community Supports Program to rural areas.</li> </ul>  |
| II          | E-2    | Continue efforts to reduce the DDS waitlist.                       | <ul style="list-style-type: none"> <li>More effectively utilize available funding by expanding individual budgeting and self-direction.</li> <li>Encourage Service Coordinators to educate stakeholders on access issues.</li> <li>Maintain the registry data and, as requested, make information available regarding the waiting list</li> <li>Continue to maximize federal funds.</li> </ul>  |
| III         | E-3    | Enhance community integration.                                     | <ul style="list-style-type: none"> <li>Collaborate with DD Planning Council on grant activities.</li> <li>Work with providers re: strategies to promote community integration.</li> <li>Provide information to service coordination, individuals and families on Community Supports Program.</li> </ul>   |

## **2. OVERVIEW OF MENTAL RETARDATION / DEVELOPMENTAL DISABILITIES SERVICES IN NEBRASKA**

The Nebraska Health and Human Services Developmental Disabilities System (DDS) provides and contracts for an array of services for individuals with mental retardation (MR) and developmental disabilities (DD) across defined regions of the state. DDS is charged by state statute with the responsibility of carrying out the provisions of the Developmental Disabilities Services Act (DDSA). In summary, the DDSA states that people with developmental disabilities shall receive services and supports which: a) increase their independence, productivity and integration; b) promote access to a full array of services appropriate to them; c) to the maximum extent possible, allow for living, working and recreating with people who are not disabled and to be served in their communities and utilize specialized programs when needs cannot be met through generally available services; and d) allow the receipt of age appropriate services and are afforded the same rights, dignity and respect as non-disabled individuals. The DDSA also directs the development of a comprehensive and integrated statewide plan for services for Nebraskans with developmental disabilities.

To ensure that the principles of the DDSA are upheld, DDS is responsible for duties that include but are not limited to: certification; technical assistance; contract management; regulatory oversight; management of the waivers; and payment authorization for providers of community-based developmental disabilities services; the operation of the Beatrice State Developmental Center (a 24-hour intermediate care facility for individuals with developmental disabilities) and the operation of the Bridges Program (a 24-hour secure Center for the Developmentally Disabled). DDS includes the Central Office, the Beatrice State Developmental Center, and the Bridges Program. While DDS funds and regulates community-based services, the providers of those services are independent private and public entities. Service Coordination functions as an entity separate from the direct service providers and is also administratively distinct from DDS. Service Coordinators are located in each of the HHS Service Areas and are administratively responsible to the Long Term Care Administrators

DDS currently oversees the provision of services and supports to approximately 4,400 individuals in the community, with approximately 3,950 individuals receiving both services and service coordination. The five Home and Community-Based Services (HCBS) Waivers serve 2,960 adults and 250 children. DDS contracts with 33 public and private community providers and has certified 71 area programs statewide to provide supports and services for individuals with developmental disabilities. DDS also provides ICF/MR services to 350 individuals at the Beatrice State Developmental Center.

Several important trends over the last few years in the financing of services for individuals with mental retardation and developmental disabilities have had a substantial impact on Nebraska's system of services and supports.

First, nationally there appears to have been a decline in state financing of institutional care, and subsequently, there has been a large increase in the proportion of MR/DD resources dedicated to community services for 15 or fewer individuals. Nebraska increased its public MR/DD spending for community services by 14 percent from 2002 to 2004, and, in fact, over the past decade, Nebraska's spending on community services has more than doubled.<sup>1</sup>

Another important national trend has been the decline in the utilization of institutions and a correlating increase in the utilization of residential settings for six or less individuals with MR/DD. In Nebraska, individuals residing in settings for more than 16 went from 1,190 in 1992 to 671 in 2004, a decline of over 43 percent. At the same time, individuals residing in settings for 6 or less increased from 1,857 in 1992 to 2,728 in 2004, an over 31 percent increase. Moreover, by 2004, 79% of beneficiaries were being served in settings of six or less. Overall, in 2004, the utilization rate by individuals with MR/DD in residential settings between one and 15 individuals in Nebraska was 159 per 100,000 of the general population in the state, with 20 states showing higher utilization rates and 28 states showing lower utilization rates.<sup>2</sup>

Nebraska follows another important national trend in the proportion of funding for MR/DD services available from unmatched state and local sources. The proportion of MR/DD spending that could come from these sources is 13 percent in Nebraska, which is very close to the national average of 14 percent. Nationally, the proportion of MR/DD spending from unmatched state and local funds has declined sharply over the past two decades. In Nebraska, this proportion went from 45% in 1984 to 13% in 2004.<sup>3</sup> While the use of unmatched state funds could allow states such as Nebraska to expand the capacity of some of their community services programs, experts such as Braddock, Hemp, and Rizzolo note that state human services agencies tend to use the maximization of federal reimbursement as the main tool with which to address budgetary problems.<sup>4</sup>

Another significant development has been the marked decline in federal ICF/MR spending and the sharp increase in Home and Community-Based Services (HCBS) Waiver spending. Total federal spending on the HCBS Waiver has more than doubled over the past two decades, while public and private ICF/MR spending has remained almost constant for the past ten years, as illustrated in the following diagram.<sup>5</sup>

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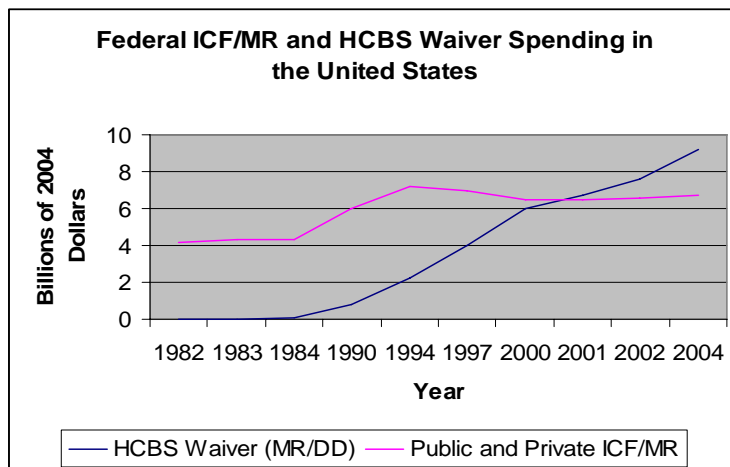
<sup>1</sup> Braddock, David; Hemp, Richard; Rizzolo, Mary. The State of the States in Developmental Disabilities 2005. Department of Psychiatry and Coleman Institute of Cognitive Disabilities, The University of Colorado: p.15.

<sup>2</sup> Ibid.

<sup>3</sup> Ibid.

<sup>4</sup> Braddock, David; Hemp, Richard; Rizzolo, Mary. The State of the States in Developmental Disabilities 2005. Department of Psychiatry and Coleman Institute of Cognitive Disabilities, The University of Colorado.

<sup>5</sup> Ibid.



A waiver program has been in effect in Nebraska for the past 19 years, with 2,988 individuals participating in the program in 2004. Nebraska ranked 16<sup>th</sup> out of the 50 states in FY 2004 based on dollars spent per capita. The following table illustrates how Nebraska compares to the five highest ranked and five lowest ranked states for dollars per capita. The table also shows other key information in the areas of total spending (federal, state, and local dollars), cost per participant, spending as a percentage of total MR/DD spending, and spending per capita (per citizen of the general population), with regard to its HCBS waiver program.<sup>6</sup>

| The Home and Community Based Services (HCBS) Waiver:<br>Participants and Spending in FY 2004 |                 |              |                      |                      |                           |                    |           |
|--|-----------------|--------------|----------------------|----------------------|---------------------------|--------------------|-----------|
| State  | Years in Effect | Participants | Spending             | Cost Per Participant | % of Total MR/DD Spending | Dollars Per Capita | Rank      |
| Rhode Island   | 21              | 2,844        | \$219,136,373        | \$77,052             | 82%                       | \$203              | 1         |
| Minnesota  | 20              | 14,586       | \$816,653,017        | \$55,987             | 65%                       | \$161              | 2         |
| Maine  | 21              | 2,549        | \$187,253,408        | \$73,462             | 64%                       | \$143              | 3         |
| Wyoming  | 14              | 1,654        | \$70,859,759         | \$42,841             | 68%                       | \$141              | 4         |
| New York   | 13              | 51,628       | \$2,686,904,497      | \$52,044             | 51%                       | \$140              | 5         |
| <b>Nebraska</b>  | <b>17</b>       | <b>2,988</b> | <b>\$131,072,280</b> | <b>\$43,866</b>      | <b>52%</b>                | <b>\$75</b>        | <b>16</b> |
| Illinois   | 21              | 9,600        | \$310,470,113        | \$32,341             | 22%                       | \$24               | 46        |
| Arkansas   | 15              | 2,960        | \$60,817,474         | \$20,546             | 19%                       | \$22               | 47        |
| Nevada   | 22              | 1,239        | \$33,976,261         | \$27,422             | 36%                       | \$15               | 48        |
| Texas  | 19              | 8,243        | \$318,105,649        | \$38,591             | 22%                       | \$14               | 49        |
| Mississippi  | 9               | 2,054        | \$31,734,057         | \$15,450             | 11%                       | \$11               | 50        |

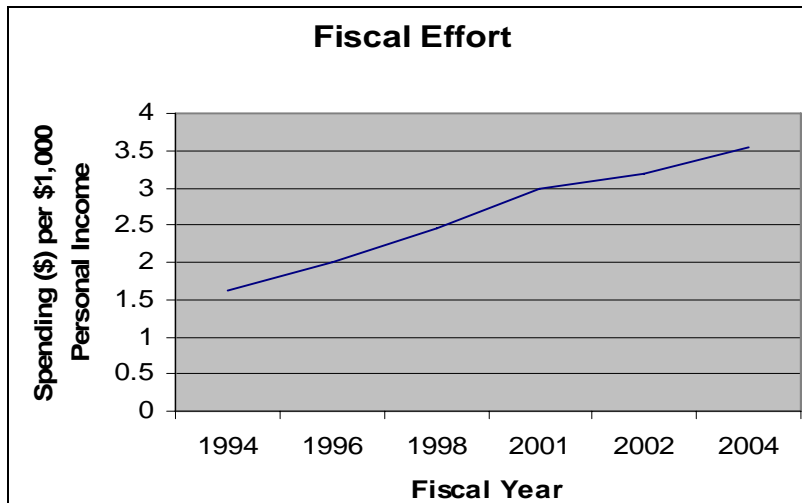
An important measure of a state's commitment to funding services for individuals with mental retardation and developmental disabilities is its fiscal effort, which is defined as the spending for MR/DD services per \$1,000 of aggregate statewide personal income. Nebraska's fiscal effort for community services and Individual Family Support more than doubled between 1994 and 2004, as shown in the graph below<sup>7</sup>.

<sup>6</sup> Ibid.

<sup>7</sup> Braddock, David; Hemp, Richard; Rizzolo, Mary. The State of the States in Developmental Disabilities 2005. Department of Psychiatry and Coleman Institute of Cognitive Disabilities, The University of Colorado.

Nevertheless, when compared to the other states, Nebraska ranks 13<sup>th</sup> in fiscal effort for institutional services and only 25<sup>th</sup> in fiscal effort for community services for individuals with mental retardation and developmental disabilities.<sup>8</sup>

The national and state-specific trends described above provide context within which DDS will be operating in the next years. As the proposed plan will assist DDS in setting the future direction for publicly funded services and supports for individuals with developmental disabilities, any discussion of its contents, goals, or implementation can only begin once these contextual factors are addressed.



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<sup>8</sup> Ibid.

### 3. STATE PLAN GOALS

While the goals outlined in the next few pages do reflect a combination of new and continuing expectations, the Developmental Disabilities System has a significant number of additional responsibilities that will need to be maintained. These ongoing responsibilities include:

- Implementation of the Developmental Disabilities Services Act;
- Maintenance of quality assurance and reporting for the five current Medicaid Home and Community-Based Waivers (Adult Comprehensive, Adult Day, Adult Residential, Children's, and Community Supports);
- Developing, maintaining and ensuring contract compliance with providers, for Quality Review Teams, for Risk Assessments, for Eligibility Determination and other contracts as needed;
- Conflict resolution;
- Coordination, quality improvement, policy development and training with Developmental Disabilities Service Coordination;
- Funding approval and eligibility; and,
- Development and dissemination of data, information and technical assistance.

The Developmental Disabilities System has been working with State Agencies and stakeholders to develop new and combined regulations for DD services. When the regulations are certified, DDS will need to devote significant resources to education, training and ensuring implementation of these regulations.

At the present time, DDS is responsible for actual on-site surveys and certification of current providers along with technical assistance, and ensuring program fiscal audits.

DDS will monitor the achievement of goals and objectives on an on-going basis while making adjustments as necessary in maintaining the flexibility to respond to crises and unanticipated demands. DDS will make reports to the DD Advisory Committee and annual reports to the Governor and the Legislature.

The following goals have been identified for implementation during the years 2007 through 2010. These goals cover the three target areas of: (I) high quality service delivery; (II) access to services; and (III) community integration, and are not necessarily listed in order of importance.

## **A. Services**

### **Goal A-1 Promote High Quality Service Delivery in Community-Based Services.**

#### ***(Target area I, high quality service delivery)***

In order to promote high quality service delivery in community-based services DDS will:

- Continue to work with Service Areas, Long Term Care Administrators and Service Coordination to enhance and improve training in all areas.
- Continue to work with Service Coordination to develop a statewide quality improvement plan.
- Monitor provider quality assurance activities to ensure quality reporting and corrective action plans are put in place when needed.
- Share and make use of all monitoring and quality assessment information.
- Work with providers to develop a uniform information packet at the time of intake which includes what the provider will provide and what the individual can expect.
- Review the role of service coordinators for planning in all transitional situations so that a consistent and effective role can be identified and communicated to stakeholders.

### **Goal A-2 Promote High Quality Service Delivery at Beatrice State Developmental Center.**

#### ***(Target area II, access to services and target area III, community integration)***

Nebraska's Beatrice State Developmental Center is a service choice/option for people with developmental disabilities. As such, the DDS strives to provide services at BSDC that are of high quality and which protect the rights of individuals served there, while promoting independence and ensuring that their health and safety needs are met. DDS will:

- Increase ongoing quality assurance activities at BSDC and maintain federal certification.
- Ensure that all individuals know and can exercise their complaint and grievance rights.
- Ensure a well-trained, qualified cadre of staff at all levels.
- Collaborate with Nebraska Advocacy Services to ensure individuals' rights.
- Assure access for community-based developmental disabilities to the clinical expertise of BSDC, including positive behavior supports (OAITS).
- Continue to be a source of information and support to the entire system.
- Continue and expand transition efforts, i.e., consider the development of a transition group home; continue enhanced transition rates for placement out of BSDC; ensure that any individual seeking alternative placement (from BSDC to the community) is afforded full access to the placement

planning process; consider nursing home options for some elderly individuals; explore the opportunity for a community-based provider fair to provide information to parents and guardians.

**Goal A-3      *Improve Access to Behavioral Health Services for Individuals Receiving Developmental Disabilities Services.***

***(Target area II, access to services)***

In the public forums, stakeholders including individuals, families, and providers requested that services for mental health and/or behavioral issues be more universally available to Nebraskans with developmental disabilities. They pointed out that there is a shortage of these services currently available. Additionally, MR/DD services that specifically address mental health needs and are available through DDS were characterized as taking a long time to access and/or the duration of the services are too short to have a lasting impact for individuals.

The shortage of mental health and substance abuse professionals to serve the general population, as well as those with cognitive disabilities, in rural areas is a well-documented problem facing all states that have rural geography and population disbursement similar to Nebraska. This shortage is further complicated when the expertise needed to address the mental health and/or substance abuse needs of people with cognitive disabilities is not present or available. These two factors mean that more innovative approaches to providing these behavioral health services need to be discussed during a focused planning process between DDS and the behavioral health system.

As such, DDS should engage in the following efforts to improve access to behavioral health services:

- Meet with HHS-Behavioral Health staff to share information, enhance coordination of efforts and investigate joint ventures, such as telemedicine.
- Continue efforts to improve the effectiveness and efficiency of outreach and short-term intensive treatment services as a resource for community services.

**Goal A-4      *Improve Transition from Special Education to Adult Services.***

***(Target area II, access to services)***

Another common theme in the public forums was the need for increased focus on transition services. As such, DDS will engage in the following efforts to improve transition services over the next three years:

- Continue participation with the Department of Education Transition Advisory Committee.
- Stress the importance of Service Coordinators attending Individual Education Plan meetings, providing information to and assisting students as they transition into adult services.
- Continue its participation with Vocational Rehabilitation in the Transition Pilot Program.
- Promote the distribution of information related to transition to all parties including information about the Community Supports Program.

**Goal A-5      *Enhance Options Available to Older Individuals Receiving Developmental Disabilities Services.***

***(Target area I, high quality service delivery; target area II, access to services; and target area III, community integration)***

With increasing life expectancies, individuals with developmental disabilities are finding it difficult to access the appropriate services and supports they need and would like to use, given that these services may not be available to accommodate all of their needs.

To best manage this situation, DDS will:

- Work with providers and Service Coordination staff to look into overall cost-neutral strategies, including exploring generic services that can accommodate a focus on meeting the needs of aging people with developmental disabilities.
- As the population of individuals with developmental disabilities continues to age, planning will occur to make use of or develop services and supports for the elderly, with a particular emphasis on integrated services.

***Goal A-6 Improve Employment Outcomes for Individuals in Developmental Disabilities Services.***

***(Target area III, community integration)***

According to individuals, family members, providers, and state staff, there is a shortage of supported employment opportunities available to individuals receiving developmental disabilities services. In order to address this increasingly important issue, DDS will pursue several strategies.

- Continue to monitor the recent increase in the supported employment rate and evaluate the impact of the change in rates on securing competitive employment for individuals.
- Monitor results from the NASDDDS employment project and share results in an effort to aid improvement of Nebraska's employment outcomes for individuals in developmental disabilities services.

***Goal A-7 Review and Potentially Revise the Individual Program Plan.***

***(Target area I, high quality service delivery; target area II, access to services; and target area III, community integration)***

Reviews conducted both internally and externally indicated that the Individual Program Plan is compliant with state and federal requirements. Based on some stakeholder input, the Individual Program Plan seems less about the person and more about ensuring that all requirements are met. In an effort to make the Individual Program Plan more person-centered DDS will:

- Work with the DD Advisory Committee to review the current Individual Program Plan and seek means to improve its effectiveness, efficiency and outcomes.
- Review recommendations and new directions with additional stakeholders.
- Make use of information from reviewing IPPs and monitoring implementation of the IPP to provide technical assistance.

## **B. Training**

### **Goal B-1 Provide Technical Assistance to DD Service Providers.**

#### ***(Target area I, high quality service delivery)***

Another key issue raised during the public forums was the need for increased technical assistance to assist providers in better meeting the expectations and needs of individuals receiving developmental disabilities services. In order to address this, DDS will:

- Assess results of Service Coordination monitoring, Quality of Life surveys, Quality Review Team Reports, Critical Incident reporting, IPP reviews and other sources of information to determine areas of need for technical assistance statewide and provider-specific issues.
- Explore collaborative efforts with other agencies to make use of their expertise when providing technical assistance, including, but not limited to the Traumatic Brain Injury Council; Assistive Technology Partnership; and HHS-Behavioral Health.
- Assist Service Coordination and DD providers in gathering materials, accessing existing training and, as needed, develop training which addresses specific target populations. These will include, but not be limited to: Traumatic/acquired brain injury; Alzheimer's and Related Disorders; Substance abuse; Mental illness; and Autism.
- Develop orientation for new providers.

## **C. Communication**

### **Goal C-1 Improve Access to Information About Services.**

#### ***(Target area I, high quality service delivery and target area II, access to services)***

DDS currently participates in numerous groups and meetings to strengthen communication and interaction within the system. These include: Autism Spectrum Disorder Steering Committee, Traumatic Brain Syndrome Council, Nebraska Provider Network, Nebraska Association of Private Resources, Association of Community Professionals, Medicaid Directors' Meetings, Long-Term Care Administrators' Meetings, DD Planning Council, National Association of Directors of Developmental Disabilities Services and The American Association on Intellectual and Developmental Disabilities. In addition, DDS will take the following actions to improve access to information:

- Continue to investigate possibilities to upgrade and improve its website, so that information such as frequently-asked questions, the Provider Profile, information on events and topics can be accessed and viewed in an individual-friendly format. The homepage of the website should continue to promote the agency's mission, values, and goals.
- Continue to develop and publish the Provider Profile.

## **D. Funding**

### **Goal D-1 Expand Individual Budgeting and Self-Direction.**

#### ***(Target area II, access to services and target area III, community integration)***

CMS defines individual budgeting as “the total dollar value of the services and supports, as specified in the plan of care, under the control and direction of the program participant” and self-direction as “a state Medicaid program that presents individuals with the option to control and direct Medicaid funds identified in an individual budget” (cms.hhs.gov). Both individual budgeting and self-direction are viewed as important, progressive concepts that have a place in every state’s continuum of services for individuals with disabilities. The recent approval of the Community Supports waiver continues the expansion of both of these promising practices throughout the state. DDS will:

- Implement the Community Supports Program on a statewide basis, which incorporates individual budgeting and self-direction as service options.

**Goal D-2      *Fully Implement the Objective Assessment Process.***

***(Target area II, access to services)***

Initial implementation of the Objective Assessment Process (OAP) was begun in 1999 as a means to equitably distribute the funding available for eligible individuals to receive specialized services. The statewide implementation of the process, for a number of reasons, has yet to occur. One of the significant barriers to implementation, which was mentioned several times during the stakeholder input process, is that if fully implemented, the OAP would decrease the amount of funding for some individuals though it would increase the amount of funding for others. Following review and comparison of assessment tools, DDS will:

- Fully implement OAP funding, using guidelines outlined in the report to the Legislature dated December 2004.

**Goal D-3      *Continue to Efficiently use Funds Available for Developmental Disabilities Services.***

***(Target area II, access to services)***

To maximize services and supports over the next three years, DDS will need to work to efficiently use available funds. In order to achieve this, DDS will:

- Maximize federal dollars by adjusting waiver slots as needed and reviewing services that are state-funded only such as leave days, out-of-state services, and individuals on other waivers.
- Monitor that funds are accessed and spent appropriately.
- Continue to work to maintain federal approval of the home and community-based waivers.

**E.      *Access***

**Goal E-1      *Address Geographic and Location Issues to Improve Access.***

***(Target area II, access to services)***

Geographic and location issues represent perhaps some of the most important challenges faced by Nebraska's Development Disabilities System and they were some of the most common concerns that were expressed by stakeholders in public forums across the state. In order to address this significant problem, DDS will:

- Give priority and encouragement to providers to locate in rural and/or underserved areas.
- Give consideration and encouragement to proposed pilot projects serving rural Nebraska.
- Continue to promote the expansion of the Community Supports Program to the more rural areas of the state.

**Goal E-2      *Continue Efforts to Reduce the DDS Waitlist.***

***(Target area II, access to services)***

There were over 1,000 adults and children on the waiting list to receive DDS services in FY 2006. Stakeholder feedback revealed that there is continued concern about the number of people on the list and about the length of time before an individual receives needed services.

As Nebraska's waiting list continues to grow, strategies that DDS will utilize to manage the list include:

- More effectively utilize available funding by expanding individual budgeting and self-direction so that more choice and control are harnessed by individuals and their families over the services and supports they receive.
- Encourage Service Coordination to work with individuals, family members and guardians in order to educate them about ways to access community and generic services.
- Maintain registry data and, as requested, make available information regarding the waiting list.
- Continue to maximize federal funds.

**Goal E-3      *Enhance Community Integration.***

***(Target area III, community integration)***

Accessibility of available housing and transportation, provider staffing issues such as strained workforce numbers, and attitudes are significant barriers to community integration for individuals with developmental disabilities. Although these difficulties cannot be solved by DDS alone, there are strategies that will be pursued for the purpose of improving community integration for individuals receiving developmental disabilities services:

- Collaborate with the DD Planning Council on current and future grant activities to enhance community integration and promote positive attitudes in the community.
- Work with providers regarding strategies to promote community integration.
- Provide information to service coordination, individuals receiving developmental disabilities services, and families on the Community Supports Program.

## 6. EVALUATION METHODS AND TOOLS

The DDS Three-Year State Plan was created in order to improve and enhance the statewide delivery of supports and services for individuals with developmental disabilities, their families, guardians, and other stakeholders. Therefore, evaluating the progress that DDS has made in reaching each of the goals outlined in the State Plan is critical not only to the success of the State Plan implementation, but also to the advancement of the services and supports that are provided to individuals receiving services and other stakeholders through DDS.

Progress related to each State Plan goal will be reported on an annual basis. The following table details the data/evidence to be collected/reviewed for each of the objectives identified in order to assess DDS's progress.

| GOAL | OBJECTIVES   | DATA/EVIDENCE  |
|------|--|--|
| A-1  | <ul style="list-style-type: none"> <li>• Continue to work with Service Areas, Long Term Care Administrators, and Service Coordination to enhance and improve training.</li> <li>• Continue to work with Service Coordination to develop statewide quality improvement plan.</li> <li>• Monitor provider quality assurance activities.</li> <li>• Share &amp; make use of monitoring/quality assessment info.</li> <li>• Work w/ providers to develop uniform intake packet.</li> <li>• Review role of service coordinators for planning in all transitional services; identify a consistent and effective role and communicate to stakeholders.</li> </ul> | <ul style="list-style-type: none"> <li>← Minutes of Long Term Care Administrator and Training Coordination Committee minutes related to Service Coordination training</li> <li>← Minutes of Committee for Service Integrity (CSI): Nebraska</li> <li>← Summary of certification review findings</li> <li>← DDS Quality Improvement Committee minutes; copies of distribution lists for assessment info.</li> <li>← Minutes of meetings w/providers to develop packet</li> <li>← Changes in Service Coordination Policy and Procedures; Evidence of communication of changes to stakeholders</li> </ul> |
| A-2  | <ul style="list-style-type: none"> <li>• Increase quality assurance at BSDC and maintain federal certification.</li> <li>• Ensure individuals know &amp; can exercise their complaint/grievance rights.</li> <li>• Ensure well-trained, qualified cadre of staff at all levels.</li> <li>• Collaborate with NE Advocacy Services to ensure individuals' rights.</li> <li>• Assure community-based dd access to BSDC clinical expertise.</li> <li>• Continue to be a source of information &amp; support.</li> <li>• Continue and expand transition efforts.</li> </ul>   | <ul style="list-style-type: none"> <li>← Minutes of DD, BSDC Quality Improvement Cmtes.</li> <li>← Assessment of individual's knowledge of rights; summary of complaints/grievances made</li> <li>← Summary of staff training</li> <li>← Report of NE Advocacy Services efforts at BSDC</li> <li>← Summary of BSDC clinical contacts with CBDD staff and individuals</li> <li>← Summary of other informational/support contacts with CBDD staff and individuals</li> <li>← Summary of BSDC transition efforts; BSDC census reports</li> </ul>  |
| A-3  | <ul style="list-style-type: none"> <li>• Meet w/ HHS-BH staff to share information, enhance coordination of efforts and investigate joint ventures.</li> <li>• Continue efforts to improve effectiveness &amp; efficiency of outreach and short-term intensive treatment services.</li> </ul>  | <ul style="list-style-type: none"> <li>← Minutes of joint Behavioral Health/DDS work group</li> <li>← Summary of number and latency of OTS and ITS services</li> </ul>   |
| A-4  | <ul style="list-style-type: none"> <li>• Continue participation w/Dept of Ed Transition Advisory Cmte.</li> <li>• Stress importance of Service Coordinators attending IEP meetings, providing info to students &amp; assisting w/ transition.</li> <li>• Continue participation w/Voc Rehab in Transition Pilot Program.</li> <li>• Promote distribution related to transition information.</li> </ul>   | <ul style="list-style-type: none"> <li>← Minutes of committee meeting minutes</li> <li>← Training records or meeting minutes indicating dissemination of information to Service Coordinators</li> <li>← Report of activity of Transition Pilot Program</li> <li>← Summary of distribution of information</li> </ul>  |

| GOAL | OBJECTIVES   | DATA/EVIDENCE  |
|------|--|--|
| A-5  | <ul style="list-style-type: none"> <li>• Work w/providers &amp; Service Coordinators to review cost-neutral strategies focused on needs of the elderly.</li> <li>• Planning to make use of or develop alternative services &amp; supports for the elderly.</li> </ul>  | <ul style="list-style-type: none"> <li>← Minutes of meetings to address needs of the elderly</li> <li>← Evidence of exploration of alternative services and supports for the elderly</li> </ul>  |
| A-6  | <ul style="list-style-type: none"> <li>• Monitor supported employment rate &amp; impact of changes.</li> <li>• Monitor results from NASDDDS employment project and share results in efforts to aid improvement of employment outcomes of individuals in dd services.</li> </ul>  | <ul style="list-style-type: none"> <li>← Report on utilization of supported employment rate</li> <li>← Report of results from NASDDDS employment project w/recommendations; documentation of distribution</li> </ul>   |
| A-7  | <ul style="list-style-type: none"> <li>• Work w/DD Advisory Cmte to review current IPP and improve its effectiveness, efficiency and outcomes.</li> <li>• Review recommendations/new directions with additional stakeholders.</li> <li>• Make use of info gathered during review of IPPs and monitoring the implementation of the IPP.</li> </ul>  | <ul style="list-style-type: none"> <li>← Minutes of DD Advisory Committee regarding IPPs</li> <li>← Documentation of review with additional stakeholders</li> <li>← DDS Quality Improvement Committee minutes</li> </ul>   |
| B-1  | <ul style="list-style-type: none"> <li>• Assess results of Service Coordination monitoring, Quality of Life surveys, quality review team reports, Critical Incident reporting &amp; IPP reviews to determine areas of need.</li> <li>• Explore collaborative efforts with other agencies.</li> <li>• Assist Service Coordinators &amp; DD providers to gather materials, access existing training resources, and develop training materials re: target populations</li> <li>• Develop orientation for new providers</li> </ul> | <ul style="list-style-type: none"> <li>← Minutes of DDS Quality Improvement Committee meetings</li> <li>← Documentation of collaborative efforts with other agencies</li> <li>← Documentation of efforts to assist Service Coordination and providers to gather materials, access and develop training materials regarding target populations</li> <li>← Documentation of orientation package</li> </ul> |
| C-1  | <ul style="list-style-type: none"> <li>• Explore possibilities to improve website.</li> <li>• Continue to develop &amp; publish Provider Profile.</li> </ul>   | <ul style="list-style-type: none"> <li>← Documentation of improvements</li> <li>← Copies of Provider Profile</li> </ul>  |
| D-1  | <ul style="list-style-type: none"> <li>• Implement the CSP on a statewide basis, which incorporates individual budgeting and self-direction</li> </ul>   | <ul style="list-style-type: none"> <li>← Documentation of implementation of CSP</li> </ul>   |
| D-2  | <ul style="list-style-type: none"> <li>• Fully implement OAP funding, using guidelines from report to Legislature dated Dec 2004.</li> </ul>   | <ul style="list-style-type: none"> <li>← Report on full implementation of OAP funding, including guidelines outlined in Legislative report</li> </ul>  |
| D-3  | <ul style="list-style-type: none"> <li>• Maximize federal dollars</li> <li>• Monitor funds are spent appropriately</li> <li>• Maintain federal approval of waiver</li> </ul>   | <ul style="list-style-type: none"> <li>← Report re: efforts to maximize federal funds</li> <li>← Review summary of fiscal audits</li> <li>← Documentation of CMS approval of waivers</li> </ul>  |
| E-1  | <ul style="list-style-type: none"> <li>• Give priority and encouragement to providers to locate in rural and/or underserved areas.</li> <li>• Promote expansion of Community Supports Program to rural areas.</li> </ul>   | <ul style="list-style-type: none"> <li>← Documentation of efforts to encourage providers</li> <li>← Report of CSP usage in rural areas</li> </ul>  |
| E-2  | <ul style="list-style-type: none"> <li>• More effectively utilize available funding by expanding individual budgeting and self-direction.</li> <li>• Encourage Service Coordinators to educate stakeholders on access issues.</li> <li>• Maintain the registry data and, as requested, make information available regarding the waiting list</li> <li>• Continue to maximize federal funds.</li> </ul>   | <ul style="list-style-type: none"> <li>← Report of individual budgeting and self-direction</li> <li>← Documentation of efforts to educate stakeholders on service options</li> <li>← Waiting list report distributed as requested</li> <li>← Report on federal fund usage</li> </ul>   |
| E-3  | <ul style="list-style-type: none"> <li>• Collaborate w/DD Planning Council on grant activities.</li> <li>• Work w/ providers re: strategies to promote community integration.</li> <li>• Provide information to service coordination, individuals &amp; families on CSP.</li> </ul>  | <ul style="list-style-type: none"> <li>← Report of grant activities with DD Planning Council</li> <li>← Documentation of strategies provided to providers</li> <li>← Documentation re: CSP education efforts</li> </ul>  |

## **ATTACHMENT 1: PURPOSE & METHODOLOGY**

The Nebraska Health and Human Services Developmental Disabilities System (DDS) contracted with Public Consulting Group, Inc. (PCG) to assist with the development of a state plan for DDS. This plan will assist DDS and the State of Nebraska to set the future direction for publicly-funded services and supports for individuals with developmental disabilities. In addition, it will help to better manage the public resources (both personnel and dollars) which the DDS is responsible for administering and managing on behalf of people with developmental disabilities. It is essential that the existing expenditure of resources be examined and that current service models be reviewed to determine if they are being most effectively and efficiently utilized to accomplish the desired outcomes for individuals served.

DDS decided that a state plan which projects three years into the future would be a more useful report than one that projected five years or ten years into the future, because of the fact that legal, regulatory, programmatic, as well as state and federal legislative changes occur often and can have a significant impact on a plan.

The finalized state plan, created with stakeholder input and feedback, will allow DDS to advance efforts of designing, implementing, and managing quality services for individuals with developmental disabilities. It is important to note that some of the stakeholder input received was not always specific to the statutory or administratively determined role and responsibilities of DDS and related funding constraints. Instead it addressed issues or concerns within the broader system serving people with developmental disabilities in the state, including service coordination, special education, public mental health system, Medicaid, and the long-term care systems. In some cases, the plan may reflect goals to enhance collaboration and coordination of efforts with these entities to the extent feasible.

To develop the State Plan, a detailed approach for guiding and completing each of the work phases was developed. Statewide stakeholder input into each work phase was a central focus. The approach included the following work phases:

- Facilitation of a Project Kick-Off Meeting in January, 2006
- Initial Solicitation of Input from an Array of Stakeholders between January and December, 2006
- Development of a First Draft State Plan & Dissemination of Draft for Stakeholder Review, including a videoconference held on January 11, 2007, with sites in Omaha, Lincoln, Beatrice, Hastings, North Platte, Norfolk and Scottsbluff
- Preparation of Final Draft State Plan for the HHSS Policy Cabinet
- Finalization of the State Plan

## **ATTACHMENT 2: ACKNOWLEDGEMENTS**

Among the stakeholders who contributed to this State Plan were advocates, individuals with developmental disabilities, family members, guardians, providers, and state staff.

Public forums were held during the week of April 4-12, 2006, with three sessions facilitated over the course of each day at each location. The following turnout was observed for these public forums:

| <b>Date</b>    | <b>Location</b> | <b>Number of Participants</b> |
|----------------|-----------------|-------------------------------|
| April 4, 2006  | Gering          | 25                            |
| April 5, 2006  | North Platte    | 6                             |
| April 6, 2006  | Grand Island    | 18                            |
| April 7, 2006  | Lincoln         | 38                            |
| April 10, 2006 | Norfolk         | 33                            |
| April 11, 2006 | Omaha           | 54                            |

Meetings were also facilitated with the DDS Advisory Committee and the Guiding Coalition (a stakeholder group) and an email address was set up (NEDDSstateplan@pcgus.com) to obtain feedback on the system. The DDS website was utilized to disseminate this report statewide amongst stakeholders.

Following development of a Draft State Plan and dissemination of the draft for stakeholder review, a videoconference held on January 11, 2007, with sites in Omaha, Lincoln, Beatrice, Hastings, North Platte, Norfolk and Scottsbluff.

DDS extends its thanks and gratitude to all stakeholders who participated in this important planning process. Obtaining feedback and perspectives of DDS stakeholders was integral to understanding the issues currently facing the system and determining feasible strategies to resolve these issues.

### **ATTACHMENT 3: STAKEHOLDER FEEDBACK**

The following is a summary of the current environment in Nebraska, based on feedback obtained from advocates, individuals, family members, guardians, providers, and state staff across Nebraska. It is important to note that feedback provided and included in this summary may not necessarily be wholly indicative of how the system currently operates. However, it is important to address perception as it is part of this planning process. Miscommunication or lack of communication can adversely affect a service as much as components that are not in place and, therefore, needs to be accounted for in the planning process.

#### Services (in general)

- Stakeholders had positive reactions to a single point-of-entry system within DDS.
- It was noted that companion programs such as “Best Buddies” are working well in the state and should be expanded.
- Concern was expressed that Nebraska has not developed an Olmstead Plan.
- In areas where workshops have been closed, it has provided access to more useful life skills teaching.
- The DDSA and its regulations are helpful—more people can access services because of the Act.
- Individuals receiving services would like to know the age at which DDS stops providing habilitation to the elderly.
- Stakeholders asked that behavioral management services that are available at BSDC be more readily available statewide.
- Access to quality mental health care appears limited, if available, for individuals receiving services.
- DDS and the NE behavioral health system do not seem to share data and statistics.
- Stakeholders requested that funding be provided in a more flexible manner, rather than by service category. Self-directed funding of services was mentioned several times throughout the forums as a desired option.

#### Transportation Services

- Stakeholders asked that providers make more of a concerted effort to assist with transportation issues.
- In Gering, individuals with developmental disabilities rely on the Handibus to access jobs, but it doesn’t operate at night or on weekends to make work schedules feasible. However, in North Platte, the Handibus operates on the weekends and is a little bit more flexible than it is in most other places.
- Transportation is a big issue in Grand Island—it is particularly difficult at night and on weekends because of the limited transportation options (buses, cabs, etc).

- In general, transportation needs to be increased; however, many providers do not have the capacity to do so—the distance between services and hours of operation are just a few of the issues that providers voiced as transportation barriers.

#### Transition Services

- Stakeholders noted that Nebraska’s new supports waiver is a step in the right direction.
- The DDS menu of services should acknowledge the unique needs of transitioning individuals and better meet the needs of this population.
- Added funding for transitional services or the ability to use available funding more flexibly would assist DD clients.
- Transition services and job opportunities available to the 18-21 year old transition population are lacking.

#### Supported Employment Services

- There is a need for more community employment opportunities.
- Vocational Rehab and DDS could increase the amount of direct communication and collaboration they have currently.
- Supported employment opportunities could be enhanced for individuals receiving developmental disabilities services.

#### Waiver Services

- Stakeholders believe that the children’s waiver could be better utilized.
- Stakeholders requested the expansion of the Community Support Program (CSP).
- Stakeholders expressed an interest in the ability to self direct their funding.

#### Training

- Self-advocacy training does not appear to be addressed by DDS.
- Some parents and guardians suggested that DDS staff and service coordinators attend specialized training sessions so they have a better understanding of each specific population and the services appropriate to meet their needs.
- Stakeholders believe that many providers do not have staff members on hand who are adequately trained to address the complex needs of individuals receiving developmental disabilities services.
- If staff “knew consumers as well as they knew the paperwork, the system would be much better.”  
– Stakeholder
- Stakeholders believe that some staff turnover at provider agencies could be prevented through better training and education opportunities.
- Parents would like to be knowledgeable of the type of training that provider staff are receiving and would like to be assured of the trainings’ appropriateness.

#### Communication

- Some parents and guardians do not feel as though they have a voice to express their concerns and complaints; additionally, it was stated that follow-up on complaints received was described as neither timely nor consistent.
- Some individuals, parents, and guardians voiced that they have a lack of understanding of the overarching goals, mission, and values of the DD system.
- Information needs to be disseminated to stakeholders in a timely manner.
- It was suggested that a 1-800 number be established for concerns and complaints.
- There is a disconnect between families, DDS, service coordinators, and providers that could be lessened.
- Some participants do not understand what services are available to individuals after high school graduation and see this as a reflection of problems placing the 18-21 population.
- At present, there is a perception that no consistent message is delivered across the state's behavioral health agencies.
- Concern was expressed that the DDS central office in Lincoln is not as communicative to regional / local offices across the state as it should be.
- There is intermittent collaboration and interface with schools.
- DDS and providers need to work on communication with each other.
- The responsibilities within HHS need to be better defined.

#### Service Coordination

- Stakeholders would like to see an intertwining of educational, vocational, and medical needs to provide DD services in a more multi-disciplinary way in Nebraska.
- Some of the parents and guardians attending the meetings noted that follow-up efforts on the part of service coordinators are "seriously lacking."
- Individuals receiving services would like to be partners in service planning at all levels.
- Service Coordinators need more on-going training.

#### Providers

- Some stakeholders noted that there are a lot of caring and nurturing staff working at the provider agencies.
- The public forum in Gering voiced that availability and choice of service providers in the area was minimal.
- At the forum in Lincoln it was mentioned that the self-directed pilot program is working well.
- Some areas of the state are impeded by very little variety in DD services offered.
- There is not a lot of provider choice in the smaller towns of the state.
- Overall, there is a lack of access to clinicians with expertise to work with people with developmental disabilities.
- Provider employees are getting burnt out because of the long hours; in relation, turnover and consistency of staff have been big problems for providers.

### Accountability

- Providers do not adhere to uniform standards for documenting performance outcomes.
- In general, it appears that providers could be more accountable for services than they are presently.
- Some stakeholders asked that providers develop a way in which to measure the desired outcomes of Nebraska's DD system; and then DDS should ensure that these outcomes are being met on a regular basis.
- DDS could make improvements to the Quality Assurance system.
- Some individuals receiving services and families asserted that provider agencies are not good at listening to their complaints.

### Salaries of Direct Care Workers

- Workforce availability is weakening the system; wages are too low to keep turnover rates under control.
- Paperwork for employees is onerous and is continually getting worse; there is a statewide need to implement paper-saving technologies.
- Staff wages are currently not as commensurate with credentials and qualifications as they could be.
- Stakeholders voiced that the baseline for salaries was completed decades ago and hasn't changed since.

### Funding

- During the public forums, stakeholders in all areas of the state advocated for funding in the form of flexible individual budgets. Additionally, parents and guardians would like to see DDS develop a method by which an advocate / staff person / family members / guardians could monitor the service hours available for the person they are responsible for.
- "The system should be flexible enough to accommodate the ebb and flow of individual needs: get more if you need more, 'bank' hours if you don't use all of them." —Stakeholder
- The Objective Assessment Process (OAP) is not consistently applied, which hinders the receipt of services by some individuals.

### Access

- The small residential centers in the state were noted as settings that are working for individuals with developmental disabilities in Nebraska.
- Parents and guardians at the public forums advocated for more respite care services and providers in the state.
- There is not a full range of services available for the age 18 to 21 population, which makes this group hard to place.

- The Waiver could be reviewed and revised so that accountability is maximized, some focus is shifted away from habilitation to other services, and so that environmental / home modifications are included.
- There is no sexual offender program within DDS.
- Autism could be addressed more thoroughly within the system.
- Stakeholders advocated for an increased utilization of the “club house” settings.
- Individuals receiving services, parents, and guardians voiced that services should be more individualized than they currently are.
- Quality Review Teams aren’t as widespread as they should be in the state.
- Elimination of the waiting list for services should be a joint effort between DDS, legislators, individuals, families, and advocates.
- The state would benefit from the addition of more waiver slots for children.
- There appears to be significant service gaps for the TBI population; specifically, there is a need to: 1) enhance the awareness / skill level of staff working with individuals with TBI; and 2) improve the identification of individuals with TBI or acquired brain injury within DDS through the use of improved screening tools.
- Better assessments for kids with brain injury are needed, as these children tend to present very well and get screened out, and therefore cannot access DD services.

#### Assessments / Planning

- Some stakeholders would like to have a single statewide assessment tool.
- All Individual Program Plans (IPP) should be more specific and backed by person-centered planning components.
- The IPP process and document need to be more reflective of an individual-centered system and less compliance-oriented.